



The Basics of Claims Processing

TEO FS-9

"Your Passport to Quality Health"

Fact Sheet

As a TRICARE Europe Prime beneficiary, the majority of your medical care will be provided by a Primary Care Manager in a military treatment facility (MTF). However, if you find yourself in need of specialty care that is not available in your MTF, or if you live in an area that is not supported by a clinic or MTF, you may be referred off base/post to a host-nation provider for medical care. Usually, you will be referred to a member of the TRICARE Europe Preferred Provider Network (PPN). PPN members will submit any charges you incur directly to the claims processor for payment.

To help you understand the claims processing system and what you might be expected to do, we have provided the following to assist you. Remember that your local TRICARE Service Center (TSC) staff is available to answer any questions you may have.

Referral or Authorization for Civilian Care

○ **Active Duty Family members (ADFM):** Pre-authorization is required for ALL non-emergency civilian care provided in overseas regions, unless enrolled in TRICARE Europe Prime Remote. The claims processor will process your claim using the high-cost "point of service" option if you do not get authorization for non-emergency care. After receiving any emergency care, individuals should contact their servicing TSC as soon as possible so that a retroactive authorization may be issued. Pre-authorization is not required for emergency care while traveling in the U.S.

○ **Active Duty (AD) military:** All non-emergency civilian care must be pre-authorized by your Service. Authorization can be documented on SF 1034, "Public Voucher for Purchases and Services other than Personal" (for Army and Air Force Members) or NAVMED Form 6320/10, "Nonnaval Health Care Claim Form" (for Navy and Marines Members).

○ **Remote sites:** For AD members, the local commander/certifying officer can approve non-emergency civilian medical care up to \$500 per episode of care. If the charge is more than \$500, Service approval is required. ADFMs enrolled in TRICARE Europe Prime Remote do not require authorization for civilian care.

○ **TRICARE Standard users:** Some procedures require a non-availability statement (NAS). Contact your TSC for more information.



Paying For Civilian Medical Care

In many cases, you may be expected to pay for civilian health care at the time you receive it. If you must pay up front or "out-of-pocket" for civilian medical care, you can then file a claim with the TRICARE Europe claims processor for reimbursement. If you are provided with a medical bill that is beyond your means to pay at the time, please call your TSC immediately so that they may work with the host-nation provider on an acceptable alternative.

Completing the CHAMPUS Claim Form

For all TRICARE Europe beneficiaries, claims may be submitted on a CHAMPUS Claim Form (DD Form 2642), HCFA 1500 or UB-92 (the last two are used by physicians and pharmacies for care rendered in the Continental U.S.). The DD 2642 is the only claim form used by TRICARE Europe for overseas care.

Obtaining Claim Forms

You may obtain additional claim forms from your claims processor, the Health Benefits Advisor at your local TRICARE Service Center, or TRICARE Management Activity, 16401 E. Centretch Pkwy., Aurora, CO 80011-9043. You may also download forms from the Internet. Visit www.europe.tricare.osd.mil and click on the "Beneficiaries" button for a link to these downloads.

Prescription Drug Claims

All prescription claims require the name of the patient; the name, strength, and quantity of each drug; the name and address of the pharmacy; and the name and address of the prescribing physician. Billing statements showing only total charges, reminders, cancelled checks, or cash register and similar receipts are not acceptable as itemized statements.

Submit Timely Claims

All claims must be filed no later than one year after the services are provided; or, for inpatient care, one year from the date of discharge. If a claim is returned for additional information, it must be resubmitted by the filing deadline, or within 90 days of the notice — whichever date is later.

Send your Claims to WPS

The TRICARE Europe claims processor is Wisconsin Physician Services (WPS) located in Madison, Wisconsin. WPS processes and pays all claims for civilian medical care for active

duty and their family members stationed in Europe, Africa and the Middle East. Please use your overseas address on claim forms. Although WPS pays all beneficiary claims in Europe, there are different box numbers for Active Duty and all other TRICARE eligible beneficiary claims:

Active Duty Civilian Care Claims. Send ALL Active Duty claims to:

**TRICARE Europe
WPS - Active Duty Claims Processing
P.O. Box 7968
Madison, WI 53707-7968**

Active Duty Family Member Civilian Care Claims. The claims processor handles ALL claims for active duty family members enrolled in TRICARE Europe Prime, whether care is received in CONUS or overseas. Please submit ALL Active Duty Family members claims to:

**TRICARE Europe
WPS-Claims Processing
P.O. Box 8976
Madison WI 53708-8976**

TRICARE Standard – Overseas Care Only

Individuals covered by TRICARE Standard (including eligible retirees, their family members and Active Duty Family Members who have chosen not to enroll in Prime) should submit claims to the address above (WPS-Claims Processing).

All TRICARE users residing in CONUS who are visiting overseas must file any medical claims with their regional claims processor using their permanent home address.

TRICARE Explanation of Benefits (TEOB)

WPS will send a TRICARE Explanation of Benefits (TEOB) to both the provider and beneficiary/sponsor for each processed claim.

The TEOB confirms the billed amount, shows how much TRICARE paid, how much the enrollee needs to pay (if anything) and to whom payment is made. Always retain a copy of the TEOB.

Resolving and Preventing Claims Problems

Your first step in resolving any problems with a TRICARE claim is to contact the Beneficiary Counseling and Assistance Coordinator (BCAC) at your local TRICARE Service Center or remote site point of contact. Your BCAC can help resolve any discrepancies or claims problems. Make sure to bring the TEOB with you, along with the bill, a copy of the claim and any other documentation relating to the care received.

The most common problems that result in claims being rejected or delayed include:

- Incorrect or missing DEERS information
- Expired ID card
- Prime enrollment was never transferred to this region
- Non-availability statement or care authorization not issued
- Claim form was not completely filled out or signed
- Bill was not attached or was not complete
- Care received was not an authorized benefit

A Word of Caution

A referral to see a medical or mental health specialist off base does not necessarily mean that all care received from that provider is a covered benefit. Nor does referral to a member of the provider network mean that any treatment received will be paid by TRICARE.

Tips For Completing the TRICARE Claim Form

1. Complete all 12 blocks on the form.
2. If the form is not signed, it will be returned. Parents may sign for minor children.
3. Verify your sponsor's Social Security Number is correct.
4. Attach your provider's or supplier's bill. Make sure it specifically identifies the doctor/supplier that provided you care.
5. Attach DD Form 2527, "Statement of Personal Injury" if your claim is accident or work-related.
6. Ensure that the patient's name and sponsors name and SSN are on all attachments
7. Make a copy of the claim and all attachments for your records.

Even when the initial visit is covered, subsequent tests or procedures, which may be normal in the host-nation country, may not be covered services under the TRICARE program. The best way to ensure that you do not incur excessive out-of-pocket expenses is to contact your BCAC and ask whether the proposed tests or treatments are authorized.

CONUS Family Member Medical Care

When overseas active duty family members travel to the states and need care, pre-authorization is not required for care from any civilian provider in the Continental U.S. Send all claims for care received in CONUS to the TRICARE Europe claims processor, WPS, at the address above.